

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 5335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Georgia Battleground Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELCAN, CHARLES, A., ,

Mailing Address 1034 CHANCERY LANE

City
NASHVILLE

State
TN

Zip Code
37215-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHINA HEALTHCARE CORP.

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2020

Transaction ID : SA11A.77883

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELCAN, PATRICIA, F., ,

Mailing Address 1034 CHANCERY LANE

City
NASHVILLE

State
TN

Zip Code
37215-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2020

Transaction ID : SA11A.77898

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELIAS, DAVID, W., DR., M.D.

Mailing Address 196 GRAND LAKES DRIVE

City
THIBODAUX

State
LA

Zip Code
70301-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2020

Transaction ID : SA11A.128928

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

10500.00

TOTAL This Period (last page this line number only)..... ►